

03-01-07

EXPRESS MAIL NO. EV887981487US
1/15/07

**TRANSMITTAL
FORM**

(To be used for all correspondence
after initial filing)

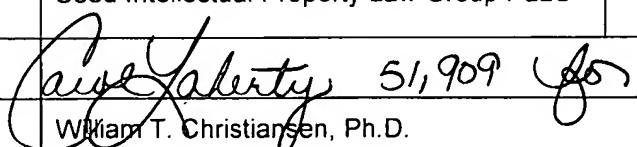
Application Number	10/608,997
Filing Date	June 27, 2003
First Named Inventor	Darwin J. Prokop
Art Unit	1633
Examiner Name	Robert M. Kelly, Ph.D.
Attorney Docket No.	210177.001

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement and Transmittal
<input type="checkbox"/> Cited References
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Declaration
<input type="checkbox"/> Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s)
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="margin-left: 20px;"><u>(1) Sheet of Replacement Drawings (Fig. 6)</u></p> <hr/> <hr/> <hr/> |
|---|---|--|

Remarks

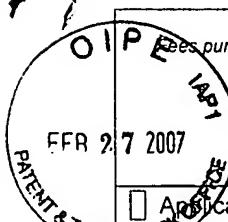
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	William T. Christiansen, Ph.D.		
Date	February 27, 2007	Reg. No.	44,614

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	**SENT VIA EXPRESS MAIL**	Date:



EXPRESS MAIL NO. EV887981487US

Complete if Known

P Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  7 2007 FEE TRANSMITTAL For FY 2007		Complete if Known		
		Application Number	10/608,997	
		Filing Date	June 27, 2003	
		First Named Inventor	Darwin J. Prockop	
		Examiner Name	Robert M. Kelly, Ph.D.	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1633	
TOTAL AMOUNT OF PAYMENT		(\$) 510	Attorney Docket No.	210177.001

METHOD OF PAYMENT (check all that apply)

- | | | | |
|--|--------------------------------------|---|---|
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | | Deposit Account Number: <u>19-1090</u> | Deposit Account Name: <u>Seed IP Law Group PLLC</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments | | <input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments | |

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and other payment information to ETS 2020.

EEF CALCULATION

1 BASIC FILING, SEARCH AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>				
<u>9</u>	-20 or HP =	<u>0</u>	X	<u>_____</u>	=	<u>_____</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	-3 or HP =	0 X _____	= _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
____ -100 = _____ /50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time Fee (3 months)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,614	Telephone	206-622-4900
Name (Print/Type)	William T. Christiansen, Ph.D.			Date	February 27, 2007